

Creative Community Living Services, Inc.
314 E Main St
Watertown, WI 53094

Notice of Privacy Practices

Creative Community Living Services, Inc.

This Notice of Privacy Practices (Notice) applies to the organizations listed below. There are also other organizations, not listed here, with whom we may share information. Each of these organizations is a participant in a Single Affiliated Covered Entity and/or a Hybrid Covered Entity Arrangement. This means we may share your health information with each other as needed for services, payment, healthcare or other operations relating to the services we provide.

Creative Community Living Services, Inc.

Creative Living Environments LLC
Creative Nursing & Consulting LLC

We participate in a network of organizations who have agreed to work with each other to facilitate access to information that may be relevant to the services you receive from us. This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

If you have any questions about this notice, please contact the Privacy Officer at 888-321-2577 or privacy@cclsinc.com

Information about you, including health information, will be stored, viewed and shared by our staff in a record system. When you receive services, we will use the record system to document information relevant to the services you receive from us.

We provide services to our clients in coordination with various organizations including government agencies, health management organizations, insurance companies, hospitals, clinics, physicians, other physical and mental healthcare organizations. Our privacy practices will be followed by:

- Any of the professionals who care for you at any of our locations or sites.
- All locations, departments and units that are part of our organizations and staffed by our workforce, regardless of geographical location.
- All members of our workforce including employees, staff members, students, and volunteers.
- Any business associate with whom we share health information.

CCLS, Inc. is dedicated to keeping your protected health information private. When we release your protected health information, we will make reasonable efforts to limit the use and release of your information to only the minimum necessary needed for the specific purpose.

We reserve the right to change our Notice of Privacy Practices at any time. Any changes to this Notice will apply to all the health information we keep, including health information we created or received before we made the changes, as well as any records we create or receive in the future. We will post a copy of the most current Notice on our websites. In

addition, when significant changes are made, we will provide the updated Notice of Privacy Practices to you. We will follow the terms of the Notice currently in effect. At any time, you may request a copy of our most current Notice.

We are committed to protecting the privacy and security of our client's protected health information. We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. This notice provides you with the following important information:

- How we use and disclose your protected health information.
- Your privacy rights with regard to your protected health information.
- Our obligation to you concerning the use and disclosure of your protected health information.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

Without your written permission, we may use and release your health information for:

1) Treatment. We may use or release your protected health information to provide, coordinate or manage the services we provide to you. This includes communication with, use by, and releases to health care, other providers and others outside of our organization.

- For example, our staff may bring a list of your current medications when we bring you to visit your doctor, and if your doctor makes changes to your medications, our staff may document those changes in our records.
- We may also use or disclose your health information to:
 - Schedule a medical test, such as a blood test or X-ray.
 - Help you pick up a prescription at your pharmacy.
 - Coordinate services following a hospital stay or clinic visit.

We maintain protected health information about our clients in a record system that allows other users of the electronic health record to share protected health information. This facilitates access to protected health information by others who are involved in providing services to you.

2) Payment. We may use and disclose your health information to send bills and collect payment from you, your health plan, your payee or other parties involved in payment for the services we provide to you.

- For example, we may send to your health maintenance organization a bill and/or documentation that gives your name, your diagnosis or treatment plan, and a description of the care you received. We will provide this information in order to help get payment for your medical bills.
- We may also use and disclose protected health information that your payee may require before it approves or pays for services, such as:

- Making a determination of eligibility for benefits.
 - Making a necessity decision about services you received.
 - Undertaking utilization/justification review activities.
- We may disclose your information to another provider if the information is needed by that provider to get paid for services provided to you.
 - We may disclose your information to a family member or guardian who is responsible for payment of your bills.

3) Healthcare Operations. We may use and disclose your health information to operate our business.

- For example, your service plan, diagnosis, treatment and results may help improve the quality or cost of care we give our clients. These quality and cost improvement activities could include, for example:
 - Reviewing the performance of our staff, nurses and other professionals.
 - Looking at the success of your individualized service plan and comparing the success to other clients.
- We may contact you to provide information about various options for inclusion in your service plan or about other services we offer.
- Or, we may use your name and address to send you a newsletter about the programs and services we are offering. You may contact our Privacy Officer to request that these materials not be sent to you.
- Other operations for which we can use or disclose your health information include:
 - Conducting training programs, accreditation, certification, licensing or credentialing activities.
 - Quality review, risk management, legal services and auditing, including fraud and abuse detection and compliance.
 - Business planning and development.
 - Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of client complaints and grievances, and creating de-identified health information.
- We may disclose your health information to referring doctors, clinics, hospitals, and emergency medical transportation companies that previously cared for you to facilitate their quality improvement and other health care operations activities.
- We may share your protected health information with third party "business associates" that perform various activities for us, including, for example, billing, collection, patient satisfaction survey and other services. Whenever we have an

arrangement with a business associate that involves the use or disclosure of your health information, we have a written contract containing terms that protect the privacy of your health information.

4) As Required by Law. We may use or disclose your health information as required by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the requirements of the law.

5) For Public Health Activities. We may disclose your protected health information in certain circumstances to:

- Control or prevent a communicable disease, injury or disability.
- Report fraud, abuse and neglect.
- Report reactions to medications or problems with products.
- Notify authorities of offenses which may require registry inclusion.
- Wisconsin Immunization Registry.

6) For Oversight Activities. We may give your information to oversight agencies, including government agencies that monitor or regulate hospitals, clinics, nursing homes or other types of care provider, to be certain you are given the correct and proper care.

7) For Fundraising Activities. Although we have the option to use protected health information, such as your name, address, phone number or e-mail address, age, date of birth, gender, etc. to contact you for the purpose of raising money, we choose not to engage in such activities. Regardless, you have the right to opt out of receiving such communications and are also free to opt out of any such fundraising solicitation, and your decision will have no impact on your treatment or payment for services.

8) For Deceased Clients. We may release protected health information to a coroner or medical examiner when necessary to identify the deceased, determine the cause of death, or as otherwise authorized by law. We may also release protected health information to a funeral director as necessary to carry out arrangements after death.

9) For Research. Under certain circumstances, we may use and disclose your information for research purposes. Such research might help us to improve care or develop new services. If your specific permission is not obtained, a special approval process is followed to protect your privacy.

10) To Avoid a Serious Threat to Health or Safety. We may release some of your health information to people in authority if we think that it will prevent or lessen a serious or immediate danger to you or the safety or health of other people.

11) For Military or National Security Purposes. We may release your health information to military and federal officials as required for lawful national security purposes, investigations, or intelligence activities.

12) For Workers' Compensation. We may share your health information as allowed by workers' compensation laws or other similar programs. These programs may provide benefits for work-related injuries or illness.

13) Law Enforcement and Correctional Facilities. We may release your health information when asked by a law enforcement official; for example, in response to a court order, warrant, or summons. We may use or disclose your protected health information if it is necessary for law enforcement authorities to identify or apprehend a suspect, fugitive, material witness, or missing person. We may disclose your health information if necessary to report crimes on our premises or to report a crime in an emergency. We may disclose your health information to correctional institutions or law enforcement personnel for certain purposes if you are an inmate or are in lawful custody.

14) To Those Involved with Your Care. We may disclose relevant protected health information to a family member or friend who is involved with your care. We find that many clients want us to discuss their care with family members and others to keep them up to date on your care, to help you understand your care, or to help in handling your bills. If family members or friends are present while care is being provided, we will assume your companions may hear the discussion, unless you state otherwise. If you are not present or are incapacitated, we will use our professional judgment to determine whether disclosing limited protected health information is in your best interest under the circumstances. If you do not want us to disclose your protected health information to your family members or others who are involved with your care or handling your bills, please let our staff know.

15) Disaster Situations. In a disaster situation, we may disclose your protected health information to people who handle disasters to assist in locating your family and as needed, for disaster management efforts.

16) Information with Additional Protections. Certain types of protected health information may have additional protections under federal or state laws. For example, protected health information about HIV/AIDS, mental health and genetic testing results may be treated differently than other types of protected health information. Additionally, federal assisted alcohol and drug abuse programs are subject to certain special restrictions on the use and disclosure of alcohol and drug abuse treatment information. We may need to get your written permission before disclosing this type of information to others in many circumstances. Some parts of this general Notice of Privacy Practices may not apply to those kinds of protected health information. Please check with our Privacy Officer for information about special protections that apply.

Your Written Authorization is Required for Other Uses and Disclosures:

Uses and disclosures for psychotherapy notes, marketing purposes and disclosures that constitute a sale of protected health information can only be made with your specific written permission. Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written permission.

If you sign a permission form, you may withdraw your permission at any time, as long as you notify us in writing. If you wish to withdraw your permission, please send your written request to:

CCLS, Inc.
Attn: Privacy Officer
314 E. Main St
Watertown WI 53094

Your notice to withdraw will not affect any uses or disclosures made while your permission was in effect.

Your Health Information Rights:

1) Inspect and Copy Your Health Information. You have the right to inspect and to request a copy of the information about you which is maintained in our Designated Record Set. This includes medical and billing records maintained and used by us to make decisions about your care.

To obtain or inspect a copy of your information, contact our Privacy Officer. We may charge a fee for the costs of copying, mailing or other costs for supplies associated with your request. Being specific about the types of records you want and by providing a defined date range will help to limit the cost of your request.

You have the right to obtain an electronic copy of the information about you if you choose. You may direct us to transmit the copy to another entity or person that you name provided the choice is clear, conspicuous, and specific. We may charge a fee for the labor costs needed to provide the electronic copy.

Most clients have a right to access to inspect and receive a copy of the entire designated record set. On rare occasions, we may deny a request to inspect and receive a copy of some information. For example, this may occur if, someone who was formerly a client's guardian makes a request, but is no longer a guardian for the client. Please contact our Privacy Officer, if you have any questions about access to your medical record.

2) Request to Challenge or Correct Your Health Information. You have the right to ask us to change or correct the information in your record, if you believe the information is not correct or is incomplete. You will be asked to make your request in writing to our Privacy Officer. You will need to tell us why your health information should be changed. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment form and include the changes in any future disclosures of that information. We may deny your request if we did not create the information you want changed, or the information is already accurate and complete, or if the originator is no longer available to make the amendment, or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement, which may be added to the information you wanted changed.

3) Request Restrictions on Certain Uses and Disclosures. You may ask that we limit how your health information is used or disclosed for treatment, payment or service provision operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must be in writing and submitted to the Privacy Officer. We are not required to agree to your restriction request. We will carefully consider all requests, but because of the integrated nature of our medical record, we are not generally able to honor requests regarding the electronic medical record. If we agree to your request, we will abide by our agreement (except in an emergency or when the information is necessary to treat you). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. We are required to agree to prevent disclosure of your health information to a health plan for the purpose of carrying out payment or health care operations, but only if it pertains solely to a health care item or service which has been paid out-of-pocket and in full. This restriction does not apply to use or disclosure of your health information related to your medical treatment.

4) As Applicable, Receive Confidential Communication of Health Information. You have the right to ask that we share your health information with you in different ways or places. For example, you may ask to learn about your health status in a private area or by a letter sent to a private address. We will meet reasonable requests. We will require that you provide an alternative address or other method of contact and how payment will be handled. If requesting confidential communication, you must ask in writing.

5) Receive a Listing of Disclosures. You may ask for a list of those who received information from your medical records within the last six years. This list must include the date your health information was given, to whom it was given, a short description of what was given and why. We must give you this list within 60 days unless we give you notice that we need an extra 30 days. We may not charge you for the first list, but may charge you if you ask for a list more than once a year. The list will not include disclosures (a) for treatment, payment, healthcare operations, (b) as authorized by you, and (c) for certain other activities, including disclosures to you. To get a list, submit a written request to the Privacy Officer.

6) Obtain a Paper Copy of This Notice. A paper copy of this Notice will be provided to you even if you have received this notice on our Web site or by electronic mail (e-mail). Even if you received a copy of the Notice before, you may still be asked to sign that you have received the Notice. You may ask us to give you a copy of this Notice at any time.

7) Complaint Filing. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or with the Secretary of the US, Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing such a complaint.

You may contact the CCLS, Inc. Privacy Officer directly at 888-321-2577.

This Notice of Privacy Practices is effective July 1, 2016.

Revised: 6/21/16
Previous: 12/16/14